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COMMENTS ON BILL 163  
by Rev. Stewart Crysdale  
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The United Church of Canada

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Mr. Chairman, I have a few comments on Bill 163 to clarify and support the submission of The United Church of Canada, as presented by my colleague, Mr. Hord.

First, we have recent evidence that the members and adherents of the United Church in Ontario solidly support the contention of the General Council that a medical insurance plan should be universal, comprehensive and contributory. A systematic, random sample indicates that our people, furthermore, believe such a plan should be government-operated and tax-supported. We are now conducting a national survey of the United Church, and returns to date show that 67 per cent of members and adherents in Ontario favour a plan having these characteristics. By direct inference, Mr. Chairman, the United Church rejects the limited coverage proposed in Bill 163.

Secondly, we stress the fact that the need for a universal, comprehensive and tax-supported medical care plan is becoming increasingly and critically urgent. Thousands of workers are retiring earlier, for the most part involuntarily, due to obsolescence of their skills and trades in our rapidly changing technological society. The trend toward automation and concentration in merchandising and service industries is steadily reducing the opportunities for self-employment which formerly served to augment the shrinking income of older workers. A few years ago, displaced farm and factory workers often could find work in stores, laundries, construction and other unskilled labouring jobs. These openings are shrinking rapidly in relation to the increasing work force.

We are also told by analysts that the teenage component of the labour force will double by 1970. Already unemployment among youths aged 16 - 24 is twice as great as the rate in general. The heavy burden of supporting them





rests upon working class families at the very time when family allowances and insurance coverage under contract and voluntary plans run out.

The economic and social prospects for working class families are further diminished by the continuing movement of population to metropolitan areas. We have a vicious circle of shrinking employment in rural areas and a drift of people to the cities, where unskilled men get low-paying jobs and women and girls get temporary, part-time, low-paid work. The family farm and intimate rural community once provided a small measure of economic and social security. There was always an extra place or two at someone's table. This kind of informal, communal assistance is not available to the working class family in metropolitan society. White collar as well as blue collar workers are terribly vulnerable to market changes, short and long range.

Mr. Chairman, some of us have devoted many years to the service of lower middle-class and so-called lower-class families in both country and city. I myself have been privileged to serve them in the church for twenty years. I have also been moved by such trends as I have briefly described to make urban society the subject of careful academic study.

I am convinced, and my Church is convinced, that the provisions for medical services proposed in Bill 163 are totally inadequate to meet the needs of modern industrial society. This is "horse and buggy" legislation for an urgent space-age need.

Adequate provision for health services in a country with the high overall standard of living Canadians enjoy must take account of the wide discrepancies that exist in size of income and conditions of health. We are gratified that this problem is recognized by the government in the introduction of this bill. But the bill's methods of meeting the problem are unacceptable.

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Our specific objections, briefly, are three-fold. First, the proposed means of spreading the risk still excludes the growing multitudes of poor but self-supporting families in both country and city. Its voluntary nature and high cost rule them out.

Second, an extension of the means test to include many marginal people is morally and socially unsound and reprehensible. Most working people are precariously holding on to the shreds of independence that still remain to them in our mechanized, mass society. They are doing so with a wholesome determination and pride that should be encouraged by government. A higher proportion of working class families own their homes, or are buying them (at high financing costs), than middle and upper class people. To require of large numbers of them in times of prolonged illness the sacrifice of their homes and other small independencies in exchange for health services is both unjust and economically and politically unsound. When the lower middle-class are deprived of their hard-won independence, freedom and democracy quickly crumble.

The question of the degree of poverty and the extent of need for subsidized health services without a means test should be carefully assessed, Mr. Chairman. We have statistics of unemployment and indigence, and these tell a depressing story of massive want. Bill 163 would help many of these unfortunate people, it is true, but there is a much greater burden of poverty or near-indigence that is not revealed in readily available statistics. It is estimated that one-fifth of the population of the United States are denied the minimal levels of health, housing, food and education, in spite of the highest over-all standard of living in the world. We do not have firm figures for Canada or Ontario, although steps are now being taken to obtain them. It may be asserted, however, on the grounds of empirical observation by church and social workers, that the degree of poverty and need of public health services should shock and disturb taxpayers and law-makers alike.





Our third specific objection is to the restrictive nature of the services to be insured under Bill 163. We are grateful for hospital insurance, and, heaven knows, we need insurance to meet physicians' and surgeons' bills. But the high cost of drugs, dental care and other health needs impoverish thousands of marginal families. These services must be included in an equitable plan. If you desire, sir, these observations can be substantiated by thousands of case studies in the files of church and social workers.

Now, Mr. Chairman, I come to my last point. It may seem to actuarial minds on your committee and in the seats of the treasury, that we are asking for the moon. The Church, the labour movement and social workers are accustomed to the objection that it will cost too much. This was the sad story when we pressed for Workmens' Compensation, mothers' and widows' allowance, unemployment insurance, old age pensions, maximum hours of work, minimum rates of pay, industrial standards, bargaining rights, holidays with pay, and other progressive legislation. I am sure it was the same when our forefathers demanded a public postal service and "free" universal education. But it is a matter of record in economic history that high wages and social security contribute importantly to social stability, progress and general prosperity.

Some complain that what we ask for will cost the public too much. No one knows better than a clergyman the immense and tragic cost of sickness in a society where preventive care is neglected. The fact is that the least able to pay are carrying the heaviest share of the burden. You well know, sir, that broad insurance coverage will not increase the total social cost, but distribute it equitably through society. It is this basic humanitarian principle, Mr. Chairman, that we find is insufficiently served in Bill 163.





Your Commission might enquire into the costs and benefits of universal, comprehensive medicare plans which have existed in many civilized countries for years. There is little evidence that the cost has crippled the competitive power or endangered the basic freedoms of such countries as Great Britain, the Scandinavian countries, Australia, New Zealand and other countries which share our basic outlook on life.

Ontario as a whole can well afford a universal, comprehensive, contributory health insurance plan. She has pioneered in other progressive social legislation. Let not the vested interests of a few companies hinder this province from sound and statesmanlike legislation in this matter of fundamental public interest. The public is not forever deceived. The basic principle at question, Mr. Chairman, is not total cost, but public as against private administration of the measures required to meet the common man's need for health care. It is plainly too much to expect private insurance firms alone to undertake such a vast and unprofitable scheme. It is within the capacity of government alone to do so, in co-operation, of course, with the health professions and concerned private organizations, including insurance companies. Furthermore, this is the duty of government in a society dedicated to the welfare of all its citizens.

February 5th, 1964.

